



# HISTORIC PRESERVATION TAX CREDIT & NEIGHBORHOOD PRESERVATION TAX CREDIT – PRELIMINARY APPROVAL

PLEASE CHECK ONE

- ☐ NEIGHBORHOOD PRESERVATION ACT  
☐ HISTORIC PRESERVATION TAX CREDIT  
☐ BOTH

LOG NUMBER (DED INTERNAL USE ONLY)

QUALIFYING/ELIGIBLE

## PART 1A.

### REQUESTOR

#### 1. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME

#### DEVELOPERS-COMplete THIS SECTION

Partnership

- ☐ General  
☐ Limited

Corporation

- ☐ Regular    ☐ Subchapter 8  
☐ Trust    ☐ Limited Liability Company

NAME OF AUTHORIZED COMPANY OFFICIAL

TITLE

BUSINESS ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

E-MAIL ADDRESS

#### HOMEOWNERS-COMplete THIS SECTION

☐ Property Owner

☐ Other

MAILING ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

E-MAIL ADDRESS

#### 2. PROJECT CONTACT

- ☐ Applicant    ☐ Owner    ☐ Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

#### 3. PROPERTY INFORMATION

NAME OF PROPERTY

ADDRESS

CITY/TOWN

STATE

ZIP CODE

COUNTY

CENSUS TRACT

CENSUS BLOCK

PROPERTY (CURRENT)

- ☐ Residential    ☐ Commercial    ☐ Residential/Commercial

PROPERTY (AFTER REHABILITATION)

- ☐ Residential    ☐ Commercial    ☐ Residential/Commercial

PROPERTY LEGAL DESCRIPTIONS

4. TYPE OF PROJECT			
<b>NEW CONSTRUCTION (NPA ONLY)</b>		<b>REHABILITATION (NPA and HTC)</b>	
IS LOT CURRENTLY VACANT? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, HOW LONG?		HOW OLD IS THE STRUCTURE? (PLEASE PROVIDE PROOF OF AGE) (NPA ONLY)	
IS THERE A STRUCTURE TO BE DEMOLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS PROPERTY ON NATIONAL REGISTER OR A DESIGNATED LOCAL HISTORICAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YES, HOW OLD IS THIS STRUCTURE? (PLEASE PROVIDE PROOF OF AGE)		PROVIDE PROOF OF ACQUISITION COST FOR 35% NPA AND HTC.	
WHAT IS THE PROPERTY TAX CLASSIFICATION (CONTACT LOCAL ASSESSOR)			
HOW LONG HAS THIS PROPERTY HAD THE CURRENT CLASSIFICATION? (PROVIDE PROOF OF CLASSIFICATION)			
		<b>% OF CREDIT APPROVED</b>	
		NPA Rehabilitation <input type="checkbox"/> 25 <input type="checkbox"/> 35 NPA New Construction <input type="checkbox"/> 15 Historic Preservation <input type="checkbox"/> 25 NPA and HTC <input type="checkbox"/> 20 <input type="checkbox"/> 25	
5. PRELIMINARY TAX CREDIT REQUEST			
Anticipated cost of rehabilitation or construction.			
YEAR	AMOUNT	YEAR	AMOUNT
YEAR	AMOUNT	ANTICIPATED TOTAL COST OF PROJECT (INCLUDE ALL YEARS)	
PROJECT START DATE		PROJECT COMPLETION DATE	
6. PROJECT INFORMATION			
ARE THERE OTHER FEDERAL OR STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHICH FEDERAL OR STATE PROGRAM?			
<input type="checkbox"/> Missouri Housing Development Commission <input type="checkbox"/> State Historic Preservation Tax Credit Program <input type="checkbox"/> Federal Historic Preservation Tax Credit <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Neighborhood Preservation Act Tax Credit Program <input type="checkbox"/> Community Development Block Grant	
ANTICIPATED NUMBER OF HOUSING UNITS		ANTICIPATED NUMBER OF BUSINESSES	
PERCENT OF HOUSING UNITS OWNER -OCCUPIED			
WILL THE PROPERTY RECEIVE TAX ABATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, FOR HOW LONG?	
<p>I hereby apply for preliminary approval to proceed with the above described work for which I intend to claim a state income tax credit for neighborhood preservation and/or historic preservation. I attest that I am the property's owner and that the information I have provided is, to the best of my knowledge, true and correct. I hereby agree to allow representatives of the Department of Economic Development and/or Missouri Department of Natural Resources, State Historic Preservation Office access to the property as may be necessary and reasonable for the approval of the proposed work.</p>			
SIGNATURE			DATE

**PART 1B.****Detailed Description of Work:** Includes site work, new construction, alterations, etc. Complete blocks below.**ITEM NUMBER: 1****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

**ITEM NUMBER: 2****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

**ITEM NUMBER: 3****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

**PART1B. – DESCRIPTION OF REHABILITATION (continuation)****ITEM NUMBER: 4****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

**ITEM NUMBER: 5****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

**ITEM NUMBER: 6****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS